Name in Full: Mary E Bates

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westminster; County: Carroll

Date of death: Month: Sept; Day: 10; Year: 1904

Age: Years: 68; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Maryland

Occupation: —; Where Residing if not at place of death: Winchester Place

Married, Single or Widowed: Widow; Name of ~~Wife or~~ Husband: Francis H Bates

Father's Name: George Leeds Roche; Father's Birthplace: Maryland

Mother's Maiden Name: Jane A Belt; Mother's Birthplace: Do

Name of person giving information: Frank E Johns; How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Angina Pectoris; How long: 10 minutes

Immediate: — ; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. H. Billingslea

Address: Westminster Md

Accident or Suicide? No

LIBRARY BUREAU A88516

Washington DC

Name in Full: Arthur B. Buckman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Taylorsville. — County: Carroll.

Date of death 1904 — Month: Sept. — Day: 17 — Age — Years: ~~One day~~ — Months: — Days: ten.

Sex: Male — Color or Race: White — Birthplace: Carroll. Co.

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Oliver T. Buckman. — Father's Birthplace: Carroll. Co

Mother's Maiden Name: Julia. Barnes. — Mother's Birthplace: Carroll. Co

Name of person giving Imformation: A. T. Crouk — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: acute gastritis — How long: one day.

Immediate: exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. T. Crouk

Address: Taylorsville. Md.

Accident or Suicide?

LIBRARY BUREAU A69516

Name in Full: Mary Elizabeth Cox

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Manchester — County: Carroll

Date of death: 1904 — Month: September — Day: 11

Age — Years: 78 — Months: 7 — Days: 15

Sex: female — Color or Race: white — Birthplace: Harnadeed Md.

Occupation: housewife — Where Residing if not at place of death: Manchester Md

~~Married, Single~~ or Widowed: widow — Name of Wife or Husband: Emanuel Cox

Father's Name: Josiah Murray — Father's Birthplace: Carroll Co

Mother's Maiden Name: Mary Gittinger — Mother's Birthplace: Baltimore Co

Name of person giving information: Mary J. Keiter — How related to deceased: daughter.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

V 64

PHYSICIAN OR CORONER

Primary: Dysentary — How long: 3 weeks

Immediate: Congestive Apoplexy — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jos H Preston MD

Address

Accident or Suicide?

LIBRARY BUREAU A66618

Name in Full: George Cromwell

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Wakefieldsburg — County: Carroll

Date of death 1907 — Month: Sept — Day: 8 — Age — Years: 79 — Months: 10 — Days: 22

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death: Home

Married, Single or Widowed: single — Name of Wife or Husband: ?

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jesse Cromwell — Father's Birthplace: Carroll Co

Mother's Maiden Name: Jane Thompson — Mother's Birthplace: " "

Name of person giving Information: Joseph Wilson — How related to deceased: None

CAUSES OF DEATH

Primary: Dysentery — How long: one week

Immediate: Old age — How long: " "

PHYSICIAN OR CORONER

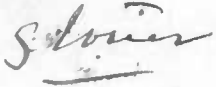
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M S Bott

Address: Westminster Md

Accident or Suicide?

LIBRARY BUREAU A88516



Name in Full: John A. Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Westminster; County: Carroll

Date of death 1904: Month: Sept; Day: 13

Age: Years: 31; Months: 1; Days: 14

Sex: Male

Color or Race: White

Birthplace: Maryland

Occupation: Farmer

Where Residing if not at place of death: at home

Married, Single or Widowed: Married

Name of Wife or ~~Husband~~: Florence Brightwell

Father's Name: Elias N. Davis

Father's Birthplace: Maryland

Mother's Maiden Name: Hannah E. Bowers

Mother's Birthplace: Do "

Name of person giving In formation: Elias N. Davis

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Multiple Neuritis

How long: 3 months

Immediate: Myelitis

How long: 3 Weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Lew D Wells M.D.

Address: Westminster

Accident or Suicide?

LIBRARY BUREAU A56616

Lucy F. de la Roche

Fort Pitt

Name in Full: Mary Cassell Engle

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: New Windsor — County: Carroll

Date of death 1904 — Month: Sept — Day: 24

Age — Years: 82 — Months: 6 — Days: 28

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Widow — Occupation:

Name of Wife or Husband: Peter Engle

Father's Name: David Cassell — Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Roop — Mother's Birthplace: Md

Name of person giving In formation: Edward Devilbiss — How related to deceased: son in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long:

Immediate: Senile Debility — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W H Brown M.D.

Address: New Windsor Md

Accident or Suicide?

LIBRARY BUREAU A69319

Name in Full: Mary Alvertie Fritz

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Wakefield — County: Carroll

Date of death: Month: Sept. — Day: 18 — 1904

Age: Years: 1 — Months: 7 — Days:

Sex: Female — Color or Race: White — Birthplace: Wakefield

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: J. Hamilton Fritz — Father's Birthplace: Carroll Co

Mother's Maiden Name: Annie Young — Mother's Birthplace: " "

Name of person giving information: J. Hamilton Fritz — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus. — How long: 5 mos

Immediate: Diarrhoea — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. Henderson

Address: New Windsor

Accident or Suicide?

LIBRARY BUREAU A88818

Hunters church

Stones

Name in Full — Certificate of Death

Amelia Stanley

Died at Town: Sykesville County: Carroll MARYLAND

Date 1904 Month: Sept. Day: 20 | Age Y. 74 M. 8 D. 25 | Native of Germany | Occupation Housewife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living 1

~~Husband~~ / Wife of Jonas Stanley

Father's Name: Frederick Kneller — Mother's Name:

Cause of Death — Primary: Jaundice — How long sick: 3 months

Immediate: — Accident, Suicide, Homicide

Reported by Jacob H Sherman M.D.

Address Sykesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full: Edgar Allan Hoffacker

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Aleria — County: Carroll

Date of death 1904 — Month: Sept — Day: 25 — Age: Years: — Months: 1 — Days: 15

Sex: Male — Color or Race: White — Birthplace: Aleria Md

Married, Single or Widowed: single — Occupation:

Name of Wife or Husband:

Father's Name: Samil. S. Hoffacker — Father's Birthplace: Carroll Co

Mother's Maiden Name: Jennie C. Black — Mother's Birthplace: York Co. Pa

Name of person giving information: Samil. S. Hoffacker — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Mal. Nutrition & Thrush — How long: One Month

Immediate: Convulsions — How long: 24 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. F. B. Veam M.D.

Address: Manchester Md

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Sylvester Kepel

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Manchester; County: Carroll

Date of death: 1904; Month: Sept; Day: 19

Age: Years: 56; Months: 8; Days: 19

Sex: Male

Color or Race: White

Birthplace: Manchester Md

Occupation: Day Laborer

Where Residing if not at place of death: Manchester Md

Married, Single or Widowed

Name of Wife or Husband: Jennie Hoffacker

Father's Name: Christian Kepel

Father's Birthplace: Germany

Mother's Maiden Name: Maria Husk

Mother's Birthplace: U S

Name of person giving Information: Mrs Emma Lunger

How related to deceased: not related

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pyrua

How long: Two months

Immediate: Pyemia

How long: 10 Days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. A. Preadle M.D.

Address: Manchester Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Savilla Kouty

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Taneytown; County: Carroll

Date of death: Month: Sept; Day: 5th; 1904

Age: Years: 72; Months; Days

Sex: Woman

Color or Race: White

Birthplace: York Co Pa

Occupation: Housewife

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Joshua Kouty

Father's Name: George Shue

Father's Birthplace: U.S.

Mother's Maiden Name:

Mother's Birthplace: U.S.

Name of person giving Imformation: Joshua Kouty

How related to deceased: Husband.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Dementia

How long: 8 months

Immediate: Same

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. W. Weaver M.D. Per R. H. Sundaman M.D.

Address: Taneytown Md.

Resident or Suicide

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LIBRARY BUREAU A89516

Name in Full: Mary N. Lewin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sykesville; County: Carroll

Date of death: 1904. Month: 9th Day: 9th

Age: Years: 57 Months: Days:

Sex: Female Color or Race: White Birthplace: Md.

Occupation: Housewife Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband:

Father's Name: Nelson Fuller Father's Birthplace: England

Mother's Maiden Name: Mary — Mother's Birthplace: England

Name of person giving information: Carrie A. Griffin How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Dementia How long: Over Two years

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Norfolk Morris M.D.

Address: Springfield State Hospital, Sykesville, Carroll Co., Md.

Accident or Suicide? No.

LIBRARY BUREAU A88816

Name in Full: Infant child Logue

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Avondale — (County): Carroll

Date of death: Month 1904 Day 8 — Age: Years ___ Months ___ Days ___

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: ___ — Where Residing if not at place of death: ___

Married, Single or Widowed: ___ — Name of Wife or Husband: ___

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Elmer L Logue — Father's Birthplace: Maryland

Mother's Maiden Name: Annie Bitzel — Mother's Birthplace: Do

Name of person giving Information: Elmer L. Logue — How related to deceased: Father

CAUSES OF DEATH

Primary: Still Born S — How long: ___

Immediate: ___ — How long: ___

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas. R. Fouts

Address: Westminster Maryland

Accident or Suicide? ___

LIBRARY BUREAU A88816

Kevin Smith

Name In Full

Certificate of Death

Hannah Powell

Town — County

Died at Manchester — Carroll — MARYLAND

Date 1904	Month Dey	Age Y. M. D.	Native of	Occupation
	5/1 - 4	82 3 24	Maryland	Housewife

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ ~~Single~~ — Widow ~~Widower~~ — ~~Divorced~~ — Number of children living 2

~~Husband~~ Wife of Nathaniel Powell

Father's Name Wm Cooper — Mother's Maiden Name

Cause of Death — Primary: General Debility — How long sick: 3 months

Immediate: Cardiac Asthma — Accident, Suicide, Homicide

Reported by J H Sherman M.D.

Address Manchester Carroll Co Md

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76898

Name in Full: Richard Ridgely

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westminster — County: Carroll

Date of death: Month: Sept — Day: 26 — 1904

Age: Years: 4 5 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Carroll Co.

Occupation: Laborer — Where Residing if not at place of death: County Home

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Don't Know — Father's Birthplace:

Mother's Maiden Name: " " — Mother's Birthplace:

Name of person giving Information: Joseph McCox — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer Stomach — How long: 6 months

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno. L. Mathias

Address: Westminster Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Stories

Name in Full: Margaret Anna Rinehart

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Tyrone; County: Carroll

Date of death: Month: September; Day: 21; 1904

Age: Years: 2; Months: 3; Days: 14

Sex: Female; Color or Race: White; Birthplace: Tyrone

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: ~~Single~~

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harry L. Rinehart; Father's Birthplace: Frizellbury

Mother's Maiden Name: Ella Mayer; Mother's Birthplace: Littlestown Pa

Name of person giving Imformation: Jacob Rinehart; How related to deceased: Grand Father

CAUSES OF DEATH

Primary: Cholera Infantum; How long: 3 days

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jacob Rinehart

Address: Frizellburg Md

PHYSICIAN OR CORONER

Accident or Suicide?

LIBRARY BUREAU A8981B

Name in Full: Margaret Roger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Westminster — County: Carroll

Date of death: Month: Sept — Day: 3 — Year: 1901

Age: Years: 86 — Months: 11 — Days: 11

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of ~~Wife or~~ Husband: John. Roger

Father's Name: Elias Troxel — Father's Birthplace: Maryland

Mother's Maiden Name: Ruth Stevenson — Mother's Birthplace: Do "

Name of person giving information: Louisa Roger — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility — How long: —

Immediate: Cerebral Hemorrhage — How long: Several hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: P. L. Woodward.

Address: Westminster Md

Accident or Suicide? No.

LIBRARY BUREAU A88816

Theodora Brandt

Name in Full: Savanna Sensenney

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Uniontown — County: Carroll

Date of death 1904 — Month: Dec — Day: 3 — Age — Years: 85 — Months: 7 — Days: 26

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Widowed — Name of Wife or Husband: Lawson Sensenney

Father's Name: Philip Englar — Father's Birthplace: Maryland

Mother's Maiden Name: Mary Stoyer — Mother's Birthplace: Maryland

Name of person giving Imformation: Hanna Dotterer — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infirmits of age — How long: 4 months

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Luther Kemp

Address: Uniontown Md.

Accident or Suicide?

LIBRARY BUREAU A86316

Name in Full: Sarah M. Shipley

CERTIFICATE OF DEATH

MARYLAND

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TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Westminster — County: Carroll

Date of death: Month: Sept — Day: 19 — Year: 190 4

Age: Years: 41 — Months: 2 — Days: 16

Sex: Female

Color or Race: White

Birthplace: Carroll Co

Occupation: Housekeeper

Where Residing if not at place of death: Home

Married, Single or Widowed: Married

Name of Wife or Husband: ~~Sarah~~ Charles W. Shipley

Father's Name: Joseph Bollinger

Father's Birthplace: Carroll Co

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information: Charles W. Shipley

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer — How long: 1 year

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. R. Fouts MD

Address: Westminster Md

Accident or Suicide? —

LIBRARY BUREAU A66516

Hoodi allies

S Lerner

Name in Full: Helen Romane Sipes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Roop Mill. County: Carrol

Date of death 1904: Month: Sept. Day: 14 Years: Age: Months: 11 Days:

Sex: Female Color or Race: White Birthplace: Md

Married, Single or Widowed: single Occupation:

Name of Wife or Husband:

Father's Name: Lewis Sipes Father's Birthplace: Md

Mother's Maiden Name: Rosa Stultz Mother's Birthplace: Md

Name of person giving In formation: A. E. Lambert How related to deceased: No

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Med Colitis How long: 10 days

Immediate: Heart Failure How long:

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: G. H. Culbertson M.D.

Address: New Windsor

Accident or Suicide?

LIBRARY BUREAU A88910

Name in Full: John G Stichter Jr

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westminster; County: Carroll

Date of death: Month: Sept; Day: 6; 1904

Age: Years: 54; Months: 6; Days:

Sex: Male

Color or Race: White

Birthplace: Maryland

Occupation: Mason

Where Residing if not at place of death:

Married, Single or Widowed: Widower

Name of Wife or Husband: Hester Groft

Father's Name: John G Stichter

Father's Birthplace: Maryland

Mother's Maiden Name: Elizabeth Wilson

Mother's Birthplace: Do

Name of person giving Information: James Stichter

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Poison

How long: 1 hour

Immediate: Probably Cerebral Hemorrhage

How long: 1 hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm O Wells

Address: Westminster

~~Accident~~ or Suicide?

LIBRARY BUREAU A66616

Name in Full George Edgar Diver

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Westminster County: Carroll

Date of death 1904 Month: Sept Day: 8 Age Years: 13 Months: 11 Days: 18

Sex: Male Color or Race: White Birthplace: Westminster

Married, Single or Widowed: —— Occupation: ——

Name of Wife or Husband:

Father's Name: James M. Diver Father's Birthplace: Md

Mother's Maiden Name: Mollie Roller Mother's Birthplace: Pa.

Name of person giving information: Rev. Doty How related to deceased: No

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Sciatic Rheumatism How long: 8 days

Immediate: Endocarditis How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas. R. Doty M.D.

Address: Westminster, Md.

Accident or Suicide? ——

LIBRARY BUREAU A2881B

Name in Full: Isaac David Weitz Stonesifer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Manchester; County: Carroll

Date of death: Month: September; Day: 6th; 1904

Age: Years: 79; Months: 5; Days: 12

Sex: Male

Color or Race: White

Birthplace: Cranberry

Occupation: Hotel Keeper

Where Residing if not at place of death: Manchester

Married, Single or Widowed: Widower

Name of Wife or Husband: Margaret Stonesifer

Father's Name: Jacob Stonesifer

Father's Birthplace: Westminster

Mother's Maiden Name: ——— Weitz

Mother's Birthplace: "

Name of person giving information: James D. Stonesifer

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dyspepsia & Erysipelas

How long: Two weeks

Immediate: Apoplexy

How long: Instant death

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Preston M.D.

Address: Manchester Md

Accident or Suicide?

LIBRARY BUREAU A68818

Name Mary Lucinda Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at Town Patapsco County Carroll

Date of death 1904 Month Sept Day 5 Age Years — Months 10 Days 4

Sex Female Color or Race White Birthplace Maryland

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name Oscar N. Taylor Father's Birthplace Maryland

Mother's Maiden Name Viola Bildyard Mother's Birthplace Del

Name of person giving information N. C. Taylor How related to deceased uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cholera Infantum How long 2 days

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Thos. J. Boonan

Address Westminster Md

Accident or Suicide?

LIBRARY BUREAU A88316

Bethel Church

Carroll County

Name in Full: Geo. Fritz

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sykesville | County: Carroll

Date of death: Month: Sept. | Day: 20 | 1904

Age: Years: 66 | Months | Days

Sex: Male | Color or Race: White | Birthplace: Md

Occupation: Laborer | Where residing if not at place of death

Married, ~~Single~~ or Widowed | Name of Wife or Husband: Mrs Dolly Fritz

Father's Name: ? | Father's Birthplace: ?

Mother's Maiden Name: ? | Mother's Birthplace: ?

Name of person giving Information: Hospital history | How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Melancholia Agitata | How long: 8 mos

Immediate: Gastro enteritis | How long: 1 wk

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. C. Stone M.D.

Address: Sykesville Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Infant

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: D. P. Creek — County: Carroll

Date of death: Month: Sept — Day: 23 — 1904

Age: Years: — Months: — Days: 8 hours

Sex: Female — Color or Race: White — Birthplace: D. P. Creek —

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Marshae Wachter — Father's Birthplace: Frost Co Md.

Mother's Maiden Name: Hattie Shafer — Mother's Birthplace: " "

Name of person giving In formation: Morshae Wachter — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: ~~2 hrs~~

Immediate: Hemorrhage from Lungs — How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: C. H. Miller

Address: D. P. Creek Maryland

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full

Certificate of Death

Infant of Herbert Wampler

Died at Town near Eldersburg. County Carroll MARYLAND

Date 1904 Month Sept. Day 6 | Age Y. - M. - D. - | Native of md | Occupation none

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife —

Father's Name Herbert Wampler | Mother's Name Millie Buschey

Cause of Death — Primary Still Born S. | How long sick —

Immediate | ~~Accident, Suicide, Homicide~~

Reported by W D Norris. M D

Address Eldersburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Infant of Wm Warner

Town

County

Died ~~at~~ near Sykesville Carroll MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1904	Sept	23	Age	-	-	/	md	none

~~Male~~ / White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of =

Wife =

Father's Name Wm Warner

Mother's Name

Cause of Death: Primary — Premature Born. 7 mos.

Immediate

How long sick 1 day

~~Accident, Suicide, Homicide~~

161

Reported by MD Morris. MD.

Address Elersburg. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Albert Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hewyton; County: Carroll

Date of death: Month: Sept; Day: 4; Year: 1904

Age: Years: 7; Months: ; Days:

Sex: Male

Color or Race: Colored

Birthplace: Hewyton

Occupation: Labor

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Nathan Williams

Father's Birthplace: Md

Mother's Maiden Name: Sarah Williams

Mother's Birthplace: Md

Name of person giving In formation:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ?

How long:

Immediate: Gun shot wound

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas F Steele (Coroner)

Address: Sykesville Md

Accident or Suicide? accident

LIBRARY BUREAU A88816

Name in Full: William Vincent

CERTIFICATE OF DEATH

MARYLAND

5-21

Died at: Town: Tannery; County: Carroll

Date of death 1907: Month: Sept; Day: 30; Age: Years: 21; Months: 10; Days: 10

Sex: Male; Color or Race: White; Birthplace: Westminster

Occupation: Laborer; Where Residing if not at place of death: Home

Married, Single or Widowed: Single; Name of Wife or Husband: none

Father's Name: Isaac; Father's Birthplace: —

Mother's Maiden Name: Ellen Hauver; Mother's Birthplace: Carroll Co

Name of person giving In formation: Mrs Ellen Heiner; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric Fever; How long: 14 days

Immediate: Perf Bowels; How long: 14 "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. S. Mathias

Address: Westminster Md

Accident or Suicide?

LIBRARY BUREAU A66516

St Benjamins cemetery

Stones

Name in Full — Certificate of Death

Abel Yingling

Died at Town Manchester — County Carroll — MARYLAND

Date 1894 — Month Sept. Day 15 — Age Y. 83 M. 8 D. 25 — Native of Maryland — Occupation Farmer

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / ~~Widow~~ / Widower / ~~Divorced~~ — Number of children living

Husband / Wife of Eliza Yingling

Father's Name Geo Yingling — Mother's Name

Cause of Death — Primary: Senile Gangrene — How long sick: 2 weeks

Immediate — Accident, Suicide, Homicide

Reported by Jacob H Shuman M.D.

Address Manchester Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

RARY BUREAU, 79706